

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION*	INITIALS	ID NO.	DATE
FEE DETERMINATION	SL		5-2-01
O.I.P.E. CLASSIFIER		59	5/11
FORMALITY REVIEW	MM	920	06-26-01
RESPONSE FORMALITY REVIEW	SC	809	8-10-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original 4 6 1 5	
01 02 03 03	
01	✓
02	✓
03	✓
04	✓
05	✓
06	✓
07	✓
08	✓
09	✓
10	✓
11	✓
12	✓
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42	✓
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44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original 4 6 1 5	
01 02 03 03	
51	✓
52	✓
53	✓
54	✓
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56	✓
57	✓
58	✓
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91	✓
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100	✓

Claim	Date
Final Original	
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
108	✓
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112	✓
113	✓
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134	✓
135	✓
136	✓
137	✓
138	✓
139	✓
140	✓
141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

504/920

504/920
 8/26/01